

STATE OF HAWAII
BOARD OF PUBLIC ACCOUNTANCY
Access this form via website at: cca.hawaii.gov/pv/

PEER REVIEW COMPLIANCE REPORTING FORM

Pursuant to HRS section 466-35, CPA Firms that are subject to the Hawaii peer review requirement must submit a "Peer Review Compliance Reporting Form" ("Form") to the Hawaii Board of Public Accountancy ("Board") within ten (10) days of receipt of the notice of completion from the sponsoring organization under HRS section 466-38. Please provide the following information:

Your CPA Firm:

Name of CPA Firm: _____
Hawaii Firm Permit to Practice Number: FFTP - _____
Business Address: _____
Business Phone Number: _____ Business Fax Number: _____
Business E-mail Address: _____
Mailing Address (If Different from Business Address): _____

The CPA Firm that Conducted your Peer Review:

Name of the CPA Firm that Conducted your Peer Review: _____
Hawaii Firm Permit to Practice Number: FFTP - _____
Name of Sponsoring Organization: _____
Name(s) of Peer Review Team Captain or Peer Reviewers, and their Hawaii CPA License Numbers: _____

Peer Review Completion Date: _____

Peer Review Rating Issued to your CPA Firm: _____

- Attach a copy of the peer review report and final letter of acceptance from the sponsoring organization. If the report has a rating of "pass with deficiencies" or "fail", also attach a copy of your CPA Firm's letter of response and the corrective action letter.
- If your CPA Firm was subject to an inspection by the Public Company Accounting Oversight Board ("PCAOB"), attach a copy of any report or Part 1 and any other public portion of the report resulting from any inspection program together with documentation of any significant deficiencies, findings, and your CPA Firm's response.

Did your peer review or PCAOB inspection include your CPA Firm's Hawaii attest engagements?

☐ Yes ☐ No

- If you answered "No" to the above question, you are subject to the contemporaneous Hawaii supplement to the peer review report under HRS section 466-36, and must attach a copy of that completed Hawaii supplement to this form.

Mail this Form to: Board of Public Accountancy
P. O. Box 3469
Honolulu, HI 96801

OR

Deliver to: Board of Public Accountancy
335 Merchant Street, #301
Honolulu, HI 96813

I HEREBY CERTIFY that I am authorized to complete and sign this Form on behalf of the CPA Firm that is submitting this Form. I FURTHER CERTIFY that the above statements and representations made in this Form are true and correct. I understand that any misrepresentation may invalidate this Form, may be a misdemeanor, and may subject me and/or my CPA Firm to disciplinary action. See, HRS section 710-1017 and 436B-19.

SIGNATURE of CPA Firm partner or equivalent

Date

PRINT Name of CPA Firm partner or equivalent